IOWA LIHEAP INFORMATION (FY 2008)

The Low-Income Home Energy Assistance Program (LIHEAP) is designed to assist low-income families meet the cost of home heating. Applications are accepted on a first come/first served basis at your local community action agency from November 1, 2007 through April 15, 2008 (October 1 for households with elderly/disabled member), Monday through Friday, or as posted at the local office.

ELIGIBILITY A household may qualify for assistance in this program if the household's income falls within the income range listed below. This program is not designed to pay a household's total energy costs, but to provide assistance in the payment of residential heating costs for eligible households.

At the time you apply, providing you have brought all necessary documentation with you (proof of income for the last 13 weeks and a copy of your heating and electric bills), you will be told whether you are eligible and if so, for what amount you might qualify. This initial determination is subject to review and totally dependent on the availability of federal funds. In most cases, benefits will be in the form of a credit applied to your heating bill by your utility company. Households who reside in subsidized housing that are individually metered and responsible for paying their primary heating costs are eligible. Subsidized households that are master metered are usually not eligible to receive assistance benefits.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) publicly operated community residence or emergency shelter is ineligible unless they are paying a vendor directly for their primary heating source.

SIZE OF HOUSEHOLD	HOUSEHOLD INCOME
1	\$ 15,315
2	20,535
3	25,755
4	30,975
5	36,195
6	41,415

For family units with more than six members, add \$5,220 for each additional member

PROOF OF INCOME

Attach documents that offer proof of total household gross income from all sources. We must have complete proof of income to process your application.

FIXED INCOME:

This income may include: Social Security Benefits, Supplemental Security Income, Aid to Families with Dependent Children or Family Veterans' Assistance, Unemployment Insurance, pensions. Please send a copy of your most recent check.

SELF-EMPLOYMENT/FARMERS:

A copy of your most recent federal income tax return.

If you receive, alimony or child support, Investment Program, it will also need to be verified.

TANF (FIP) AND SSI RECIPIENTS

Please bring in a copy of your Medicaid card.

WAGE EARNERS:

Attach copies of your check stubs for the three months preceding the date of application

preceding the date of application, or a copy of your federal income tax return.

Attach a copy of both your heating and electric bill, telephone bill, or any other documents showing your account numbers or energy suppliers. For more information contact: (515) 281-0859